

UNDERSTANDING EMERGENCY SERVICES

**AN EVIDENCE-BASED RATIONALE
FOR CHANGE TO IMPROVE QUALITY
CARE FOR ALL OF CHATHAM-KENT**

OUTLINE

- What is Emergency Medicine?
- Context: Catchment Area
- Safety, Quality & Access
- Clinical Recommendations for Change

EMERGENCY MEDICINE: OVERVIEW

WHAT IS EMERGENCY MEDICINE?

- Emergency medicine is the medical specialty dedicated to the diagnosis and treatment of unforeseen illness or injury
- The practice of emergency medicine includes the initial evaluation, diagnosis, treatment, coordination of care, among multiple providers, and disposition of any patient requiring expeditious medical, surgical or psychiatric care.

Source: American College of Emergency Physicians

CANADIAN TRIAGE ACUITY SCORE (CTAS)

1. **Resuscitation:** Threat to Life and/or Limb

Require immediate and aggressive interventions. Common examples include: Cardiac/Respiratory Arrest, Major Trauma or Shock States

2. **Emergent:** Potential Threat to Life and/or Limb

Require rapid medical intervention or delegated acts. Common examples include: Head Injury, Chest Pain or Gastrointestinal Bleeding

3. **Urgent:** Conditions with Potential to Progress

If it progresses to a serious problem, it will require emergency intervention. Common examples include: moderate trauma, mild to moderate asthma and acute pain.

4. **Less Urgent:** Conditions Related to Age, Distress or with Potential for Deterioration or Complication

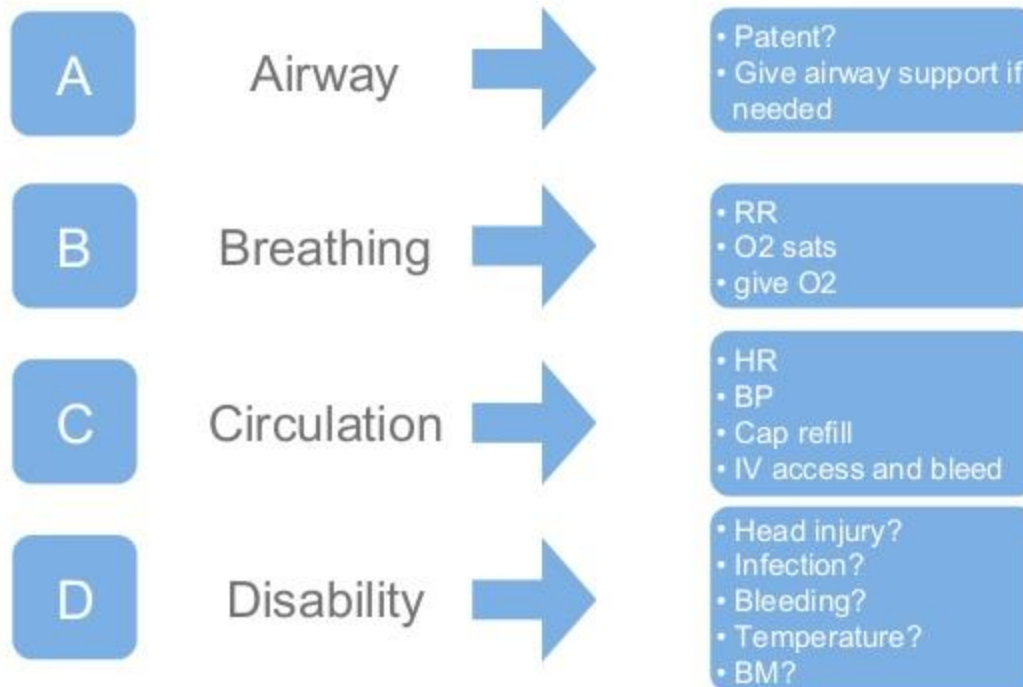
Benefit from intervention or reassurance. Common examples include: Urinary conditions, mild abdominal pain and earache.

5. **Non Urgent:** Conditions that may be Acute but non-Urgent as well as Chronic Conditions with or without evidence of deterioration

Investigation or interventions could be delayed or referred to other areas of healthcare system. Common examples include: Sore throat, psychiatric conditions with no ideation of suicidal thoughts and conditions such as vomiting or diarrhea alone

THE “ABC’S” OF EMERGENCY CARE

Emergency Management



OUR FOCUS: “THE MOST CRITICAL”

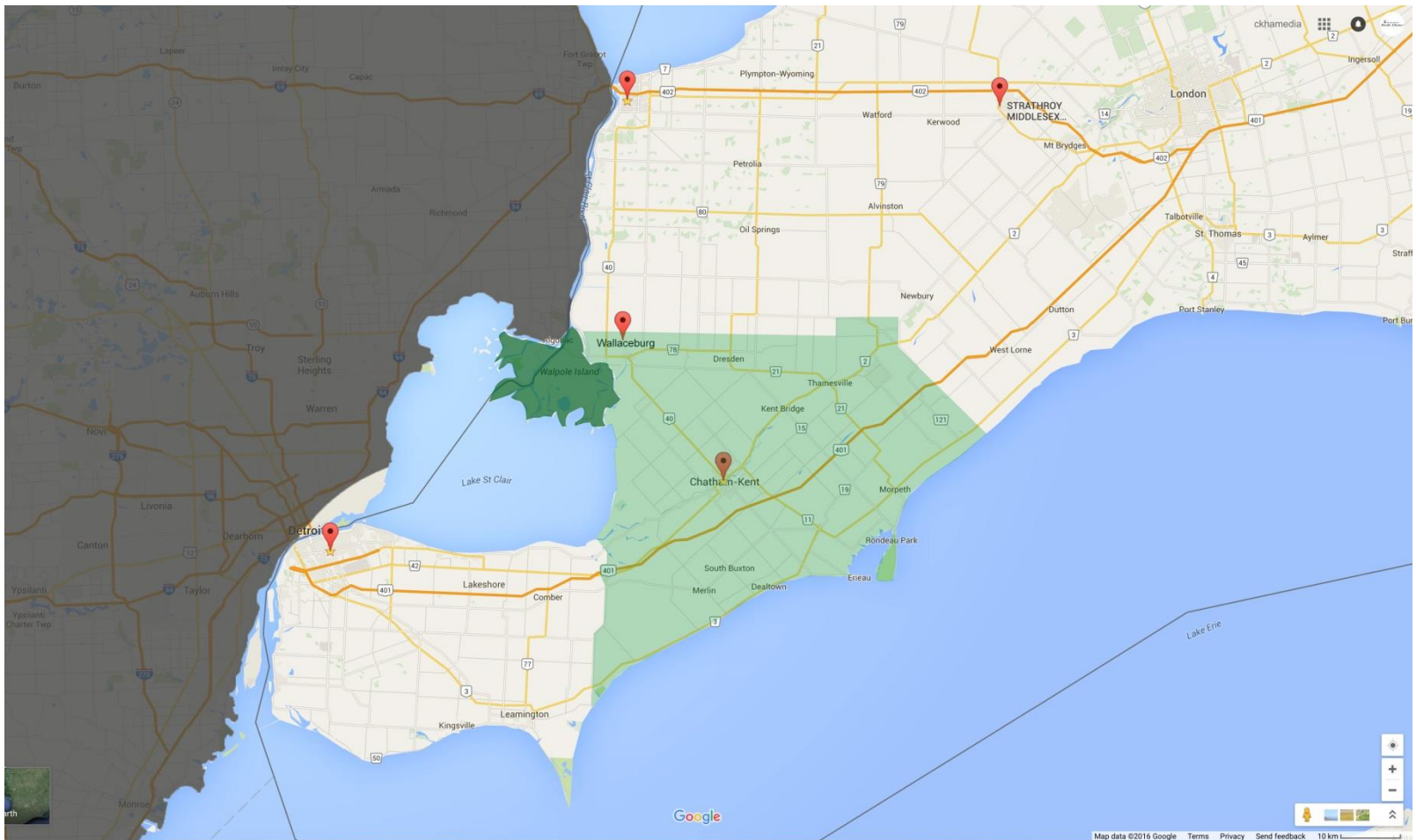
- Critically ill patients require a high degree of training, skills and expertise
- Critically ill patients have better outcomes when taken care of:
 - In a system that does these routinely; and
 - By a team of clinicians that have the specialized training and exposure.

PREHOSPITAL TO HOSPITAL CARE

- The role of pre-hospital care providers, such as EMS, is to identify the criticality of the patient and to get them to the right destination as quickly as possible
- The role of an Emergency Department is to provide life saving interventions as the first priority and responsibility
- EMS supports life saving interventions by skilled providers before arrival to an ED; then it is our team's job to take over with advanced medical care (which enables EMS to return to respond and serve the community at-large)
- We all work together as an emergency care system

**CONTEXT: BEST CARE, EVERY
PATIENT, EVERY TIME**

CKHA's Catchment Area: Our Responsibility



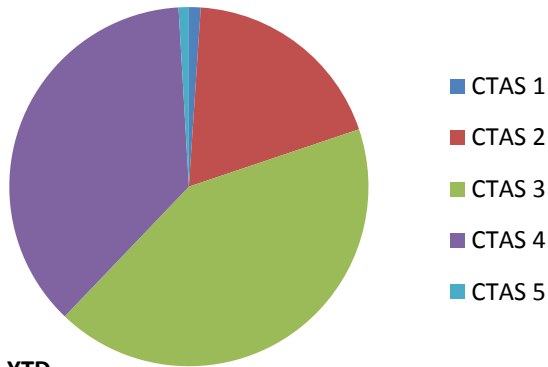
SAFETY, QUALITY & ACCESS

SAFETY, QUALITY, ACCESS

- 2 KEY FUNDAMENTAL PRINCIPLES DRIVING CHANGE
 1. VOLUME DRIVES QUALITY
 2. BACKUP SPECIALIZED CARE IS CRITICAL
- Main objective: best care, every patient, every time

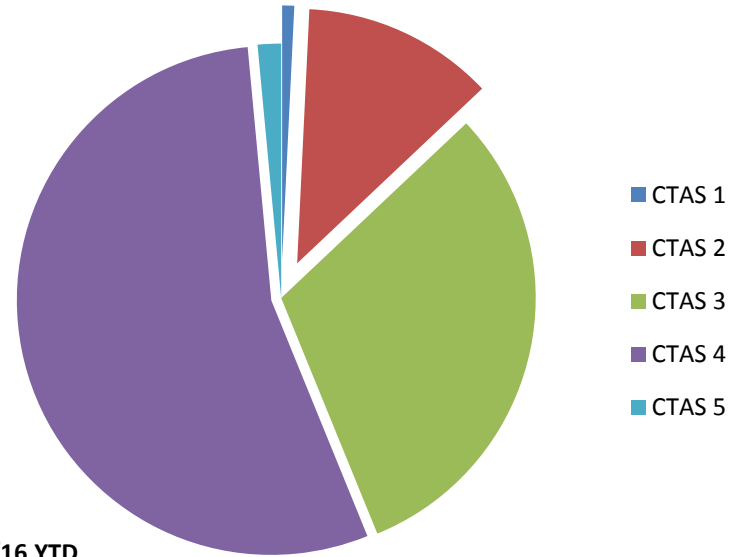
EMERGENCY SERVICES

Chatham Campus



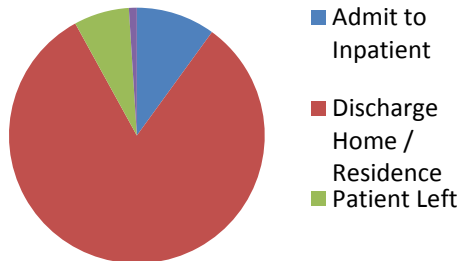
2015/16 YTD

Sydenham Campus

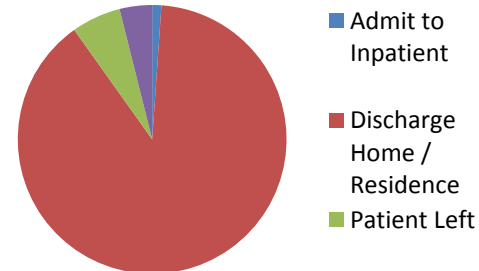


2015/16 YTD

Discharge Disposition – Chatham ER



Discharge Disposition – Sydenham ER



EMERGENCY SERVICES

Top 10 Presenting Complaints - Chatham

Presenting Complaint	% of Cases
Abdominal Pain	10.83%
Chest Pain – Cardiac Features	7.03%
Lower Extremity Injury	6.17%
Upper Extremity Injury	6.15%
Shortness of Breath	5.29%
Lower Extremity Pain	5.26%
Cough / Congestion	4.50%
Localized Swelling / Redness	4.40%
Laceration / Puncture	4.33%
Back Pain	3.87%

Top 10 Presenting Complaints - Sydenham

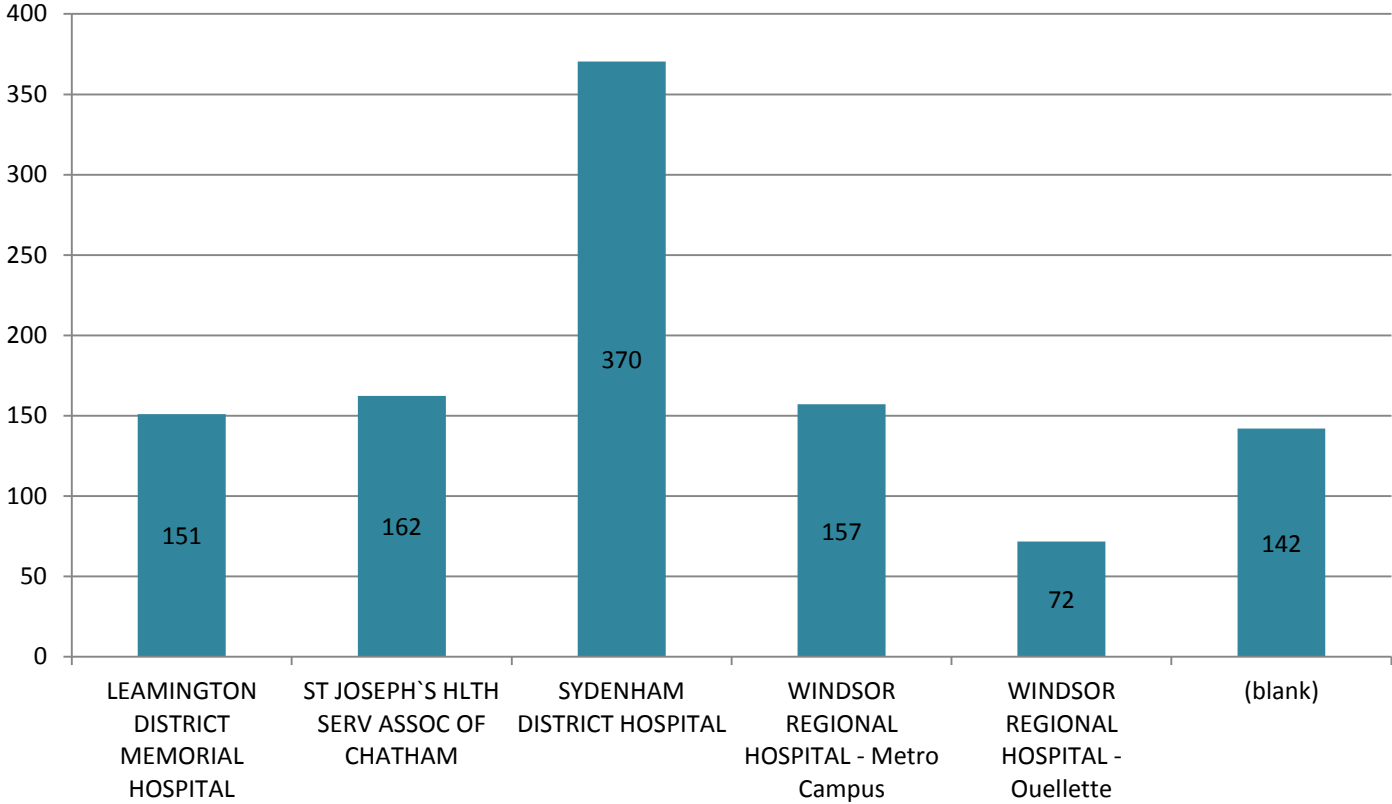
Presenting Complaint	% of Cases
Abdominal Pain	7.09%
Localized Swelling / Redness	6.75%
Cough / Congestion	5.89%
Sore Throat	5.86%
Rash	5.80%
Laceration / Puncture	5.59%
Upper Extremity Injury	5.57%
Shortness of Breath	4.91%
Lower Extremity Pain	4.81%
Chest Pain – Cardiac Features	4.73%

EMERGENCY CRITICAL PATIENTS

Emergency Intervention Type	Chatham	Sydenham
Resuscitation	38.5/month	11/month
Intubation	7.3/month	1.6/month
TNK Administration	4 /month	0.6/month

HEART ATTACK: “TRIAGE TO BALLOON TIME”

Average Door 2 Balloon Time (minutes) by Location



EMERGENCY SERVICES - CONCLUSIONS

QUALITY
SAFETY
EXPERIENCE
ACCESS



Clinician agreement that consolidation of critically ill patients through a model change is essential for provision of better, high-quality care

CLINICAL RECOMMENDATIONS

EMERGENCY SERVICES

- ***“...whereas the Medical Advisory Committee has a mandate to support the best quality care for the entire Chatham-Kent community, the Medical Advisory Committee therefore endorses the Capital Plan recommendation as presented. Further, the MAC supports and endorses the recommendation to develop a new model of Emergency Services for Chatham-Kent...”***
- **Carried Unanimously.**

QUESTIONS?